

Report from Governor's Health Care Facilities Stakeholders Summit January 18, 2006

On January 18, 2006, at Governor Doyle's invitation, a group representing many types of health care facilities and responders gathered to discuss Wisconsin's preparedness activities. The Summit included planning and response issues to be addressed, a review of a variety of scenarios that would include evacuations of our hospitals, nursing homes, and special care facilities to protect our most vulnerable citizens in the case of a disaster.

During Hurricane Katrina many lessons were learned and the Summit's participants identified many of these. They are included in Attachment A.

The Summit was broadcast by webcast and is available for viewing. The information sessions provided an excellent reference for basic emergency management issues, hospital preparedness, and mass evacuation planning. The session can be viewed at: <http://dhfs.wisconsin.gov/katrina/governorssummit.htm>

A final outcome from the Summit was a brainstorming session on next steps. The result of the brainstorming is included as Attachment B.

As a result of this input, the following are identified as recommendations for further action.

1. Emergency Response Plans
 - Develop a state-wide template to encourage as much consistency in evacuation and shelter-in-place plans
 - Involve 2-1-1 call centers in planning activities
 - There were concerns about the amount of resources for people at hospitals in case of an emergency
 - The private sector needs to be brought into the planning process
 - Need to be aware of border state planning
 - Develop a plan on how to best use offsite facilities for evacuated patients, each hospital needs to identify potential destination for specific patient types, coordination by State to assure that alternate sites are not identified by more than one hospital.
 - Establish a Regional Planning Body, address coordination of multiple EOCs
2. Mass Evacuation and Transportation Infrastructure
 - Establish "Directory of Facilities", State to hold MOU for these facilities
 - Investigate feasibility of purchasing portable ventilators so that "ICU rooms can be created"
 - Need to plan to evacuate the entire State
 - Learn lessons from others

- Need to develop methods to provide people who are deaf or blind with information during an emergency. Need information both visually and auditory.
3. Mutual Aid
- Search and rescue teams and others need to be trained to assist in hospital evacuations
 - Consider adopting MABIS (Mutual Aid Box Alarm System (fire))
 - Consider expanding mutual aid with MOUs and contracts for services
 - Involve human service departments in mutual aid agreements
4. Exercises – Planning, testing and scheduling
- Fund one full-scale total facility evacuation exercise. Any such exercise needs to involve other emergency responders
 - Sponsor a table-top shelter in place exercise, based on actual occurrences at the New Orleans hospitals
 - Both sending and receiving hospitals need to identify logistical issues and exercise their ability to manage these issues, hospitals need to identify logistical issues checklist
 - Need to include behavioral health specialists and people with special needs as well as human service departments in planning
 - Fire Service is interested in a partnership for a local exercise
5. Training
- Develop education for public about “altered standards of care”
 - Develop education for healthcare providers and first responders about “altered standards of care”
 - Need to provide pre-education so people know what to take when they evacuate or need to shelter-in-place
 - Deaf leaders need to be involved and trained
 - Identify training through county emergency directors to access training curriculum and funding resources, NIMS training is available on-line
 - Plan for training needs to increase as people become more aware of what they need to know.
 - Provide basic information without technical jargon. Some of this can be in written form and distributed through various associations and groups.
6. Communications
- Interpreters and trauma counselors are needed and responders need to be taught the value of this function
 - Continue to use the Health Alert Network for a secure communication channel
 - Need a lot of outreach

LESSONS LEARNED

- Need document management
- Maintain flexibility
- Different diseases from other areas and get information/funding to providers
- Knowing and understanding partners' roles to avoid confusion
- Need to develop own solutions/answers at local level
- Need to develop capacity to work within EMAC to coordinate assistance
- First responders – respond well – FEMA confused
- 211 statewide – people can show up from anywhere, people don't leave their human services need behind
- Need to keep emergency response structure robust
- 3C = communicating, collaborating, coordinating
- Profound health needs, every health provider volunteered to help that was asked
- Expectations of public at times unrealistic
- Need to anticipate things we can't imagine
- Strength of partnerships (especially for special needs populations)
- When multiple events – stretches resources and to assess true magnitude of event
- Contingency plans for staff who need to assist their families and leave their posts
- Lack of electricity challenging
- Outpouring of volunteers, but without coordination, planning not effective
- Importance of communication and partners and use their networks
- Little things, simple necessities, affect people dramatically
- Number of heroes volunteers, donations impressive
- Need for clarity
- Identification of special needs population needed (need data where they are)
- How to take lessons to 4-bed providers
- Plan better (especially special needs), communicate better with general population
- Make sure we know needs of special population
- Many people to help, but roadblocks to deploy, success with public health services
- Work on better systems services for evacuees
- Need to be prepared – key
- People who heeded evacuation warnings and had a family plan did better
- Need to be sensitive for cultural differences (ex. Different regional menus)
- MABAS – Mutual Aid Box Alarm System (fire) – need plan for nationwide disasters
- No warning for disasters and total communication failure can happen anywhere:
(1) world is small; (2) how to communicate when technology fails; (3) need training of workforce
- MABAS 0 looking to organize in Wisconsin – WI lacks a fire/EMS coordination system (Illinois has developed)
- Deaf & hard of hearing community responded but did not know needs
- Examples of deaf people who were left behind with no information, some survived, some may not have – lack of information and services equipment

- Freelancing of responders to volunteer may leave their communities vulnerable – need emergency support functions documented at EMAC
- Need to learn from others especially for elderly/frail
- How to get people to be prepared – motivation
- Impressed with providers willing to help
- Communications and proper channels – regulations need to be flexible
- Communication and clarity of roles very important balance – “to do” vs. “work with partners”
- Power of people – resources very positive
- Question of being prepared – do we ever arrive or is it a process?
- Lines of communication across jurisdictions
- EMS very fragile and resources can exceed need quickly
- Eagerness exceed resources
- Evacuees with mental illness need special services – DHFS needs to make planning a priority – 20% of population (not institutions) have special needs, 40% 60+ years of age
- Importance of contingency plans – both for families and responders, agencies

**BRAINSTORMING SESSION
HEALTH CARE FACILITIES STAKEHOLDER SUMMIT**

1. Emergency Response Plans to be Reviewed and Modified
 - From Milwaukee Emergency Management Office: pilot in Milwaukee – under FCC Licensing Reliability Council, required to have a plan to sustain capability in an emergency – augment Emergency Broadcast System. Waiting for approval from FCC.
 - 2-1-1 call centers need to be involved in planning process, data coming in needs to be updated hourly - 211's have folks devoted to emergencies
 - In planning need to look at recovery restoration process – resources to regain critical services to community
 - Health care infrastructure very stressed, there are concerns about where people in hospitals would go in emergency?
 - Division of Public Health has a contract with WI Health Care Association to put together plans on hospital infrastructure
 - Need to bring private sector into planning process. A good example is the Southeast WI Homeland Security Partnership that has been active for two years – real strength to add business continuity planners
 - Counties need to have access to state regulated 1-2 bed county homes
 - As we look at regional planning, need to be cognizant to border state emergencies
2. Mass Evacuations, transportation and infrastructure
 - Mutual Aid Box Alarm System (fire)
 - How many could be evacuated – WEM has been told to prepare plan for entire State evacuation, need robust planning
 - DOT has a group that meets bi-monthly to look at all transportation issues, and is specifically reaching out to Milwaukee group
 - Lessons learned e.g. Houston evacuated people by zip codes – public ignored instructions so plan imploded, need to learn from other parts of the country.
 - An example of how to solve traffic issue – should people evacuate by foot to certain area?
 - How do deaf people get critical information? Need information visually as well as auditory. 211 has capability to dial into TTY machines
 - Pre-education is needed – people need to know what to take when you evacuate – prescriptions, pets, etc.

3. Mutual Aid

- MABIS (Mutual Aid Box Alarm System (fire)) – would like to see legislation and plan in operation by this year. Plan has been adopted but needs to be legislated – fire chiefs met with legislators January 18.
- In addition to EMAC, WEM has been working with neighbor states – in contact with Illinois/Chicago on how to assist with evacuation of Chicago. Duluth/Superior and other Minnesota counties are working together. For past 10-12 years, a tri-state HAZMAT group. Wisconsin, Illinois and Iowa working with Coast Guard, EPA, Army Corp of Engineers. We should build on things we are already doing.
- We can expand Mutual Aid through predetermined MOU's and contracts for services
- Mutual aid should include Human Services Departments

4. Exercises Must be Planned, Tested and Scheduled

- Milwaukee Emergency Management – it can work quickly if it needs to. There is strength in partnerships. Can use exercise staff at WEM for help and work through County EM managers.
- Need to include Behavior Health/special needs citizens – include county Human Services Departments, Departments of Social Services, etc. in planning and exercises. They are lead agencies in evacuation/shelter services for persons with special needs
- The Fire Service is interested in a partnership for a local exercise.

5. Training

- Deaf leaders need to be involved and trained
- Identify training – discuss with county emergency directors (some funding is available thru them). Incident Command System training can be paid for through federal funds, NIMS training is available online.
- Training needs will increase as people learn more of their needs
- Basic information to providers and community as whole – use basic terminology that everybody understands. Providers need to know how the structure works. Some of this can be in written form, posted and shared through organizations.
- County employees need training

6. Communications

- How will information be conveyed to deaf community? Interpreters and trauma counselors are needed. A recent example is that an interpreter was told they were not needed at a shelter.

- During the past year a Community Coalition Committee was created to identify special needs populations. They have done trainings on how to plan and respond to persons with special needs. Works with County Emergency Managers and Public Health and Human Services Departments to identify and plan with special needs populations.
- The Health Alert Network, a secure channel, is a way to communicate.
- Lots of outreach to do! WEM and DHFS need to look at communication. Special needs populations are part of direct response and planning. WEM is standing up an Intelligence Fusion Center as way of sharing information with everyone; it will be up and running soon.